

CARDIAC CATHETERIZATION DATA REGISTRY (Full Service)

INSTRUCTIONS AND DATA SPECIFICATIONS

VERSION 1.2

EFFECTIVE 7/1/2002



James E. McGreevey
Governor

Clifton R. Lacy, M.D.
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Introduction

This document contains the following: instructions, data collection form, definitions and file layout for the New Jersey Cardiac Catheterization Data Registry Project, Version 1.2.

The Department is available to assist you with any questions you may have related to the New Jersey Cardiac Catheterization Data Registry. Please contact the Office of Health Care Quality Assessment at (609) 530-7470 if you need assistance. The fax number is (609) 530-7478 and the address is as follows:

Mailing Address:

Office of Health Care Quality Assessment
N. J. Department of Health and Senior Services
P.O. Box 360
Trenton, NJ 08625-0360

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Office of Health Care Quality Assessment
N. J. Department of Health and Senior Services
25 Scotch Road, 2nd floor, Suite 10
Ewing, NJ 08628

Instructions

Data Submission

Beginning July 1, 2002, all hospitals with license to operate a full service cardiac catheterization laboratory are required to provide complete data for each patient undergoing diagnostic and interventional coronary procedures and valvular procedures in the cardiac catheterization laboratory, using the new form provided. Pediatric patients are not to be included in this data registry. Please only report cases for patients aged 16 and above.

Data are to be submitted to the Department on a calendar quarter basis, within thirty (30) days after the close of the quarter. A hard copy data collection form is provided on the following page for data entry ease, but is not required to be completed or submitted with the data file. Data may be collected using any vendor or program, but must be submitted in the format and layout specified in this document. Acceptable file formats are preferably .dbf, .txt, EXCEL, or ACCESS. All data must be contained in a single .dbf file or single EXCEL/ACCESS data table (multiple data tables cannot be accepted). Data must be submitted on either a 3 ½" diskette or CD-ROM.

If you need to compress the data file, please use WINZIP.

The approved file name standard for the data file is ccdataxxx.dbf, ccdataxxx.xls, or ccdataxxx.mdb, where the suffix "xxx" is the Hospital Specific Code in the Data Definitions section of this document.

Accompanying each data submission must be the "Quarterly Cardiac Program Report" signed by a hospital representative, who is responsible for the cardiac catheterization data registry, which certifies that the data is true and accurate as of the date of submission.

Data Cleaning

After each quarterly submission, the Department will process the data through an error-trapping program to identify data entry errors. This program generates hospital specific reports listing the number of procedures by type, by primary operator, and any identified data entry errors and possible duplicate records. Each hospital will be sent its hospital specific report for verification and/or corrections. Hospitals will have ten (10) days to respond to this error report by submitting a corrected file along with a dated and signed letter of certification from the hospital representative responsible for the project.

Audit

There is no audit feature inherent in this project. The Department, may however, request that hospitals participate in a medical record audit by an independent party at a future time.

Data Collection Form CC01
Effective July 1, 2002

Instructions: Complete one form/data record for each patient who receives any diagnostic, interventional coronary procedures, and/or valvular procedures on the same day. **Please do not include pediatric cases** (anyone less than the age of 16).

| A. DEMOGRAPHICS | | |
|---|--|---|
| Hospital Name | Hospital Provider Number _ _ _ _ | |
| Patient Name (Last, First) | | |
| Medical Record Number | Social Security Number _ _ _ - _ _ - _ _ _ | |
| A. DEMOGRAPHICS | | |
| <u>GENDER</u> <input type="checkbox"/> Male <input type="checkbox"/> Female <u>DATES</u> Birth: _ _ / _ _ / _ _ _ _ Admission: _ _ / _ _ / _ _ _ _ Procedure: _ _ / _ _ / _ _ _ _ Discharge: _ _ / _ _ / _ _ _ _ | <u>RACE/ETHNICITY</u> <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> White, Hispanic <input type="checkbox"/> Black, Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other | <u>PRIMARY INSURER</u> <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Any Other Insurance Plans <input type="checkbox"/> Self Pay <input type="checkbox"/> Uninsured/Indigent/Charity Case |
| B. PROCEDURES | | |
| <input type="checkbox"/> <u>DIAGNOSTIC PROCEDURE</u> <i>(If yes, specify all that apply below)</i> | <input type="checkbox"/> <u>CORONARY INTERVENTION</u> <i>(If yes, specify all that apply below)</i> | <input type="checkbox"/> <u>VALVULAR AND OTHER NON-CORONARY INTERVENTION</u> <i>(If yes, specify all that apply below)</i> |
| Primary Operator (PO) (Last , First Name): | Primary Operator (PO) (Last , First Name): | Primary Operator (PO) (Last , First Name): |
| PO's Medical License Number: | PO's Medical License Number: | PO's Medical License Number: |
| Secondary Operator (SO) (Last , First Name): | Secondary Operator (SO) (Last , First Name): | Secondary Operator (SO) (Last , First Name): |
| SO's Medical License Number: | SO's Medical License Number: | SO's Medical License Number: |
| Procedure: <input type="checkbox"/> Right Heart <input type="checkbox"/> Left Heart <input type="checkbox"/> Coronary Angiography <input type="checkbox"/> Ventricular Angiography <input type="checkbox"/> Other Angiography | Procedure: <input type="checkbox"/> Balloon Angioplasty <input type="checkbox"/> Coronary or Graft Stent <input type="checkbox"/> Atherectomy <input type="checkbox"/> Brachytherapy <input type="checkbox"/> Suction Thrombectomy <input type="checkbox"/> Other Non Valvular Procedure <input type="checkbox"/> Unsuccessful Coronary Intervention <input type="checkbox"/> Primary Intervention for acute MI (must also complete addendum form CC02) | Procedure: <input type="checkbox"/> Aortic Valvuloplasty <input type="checkbox"/> Mitral Valvuloplasty <input type="checkbox"/> Pulmonic Valvuloplasty <input type="checkbox"/> Tricuspid Valvuloplasty <input type="checkbox"/> Other Valvular Intervention <input type="checkbox"/> Percutaneous Laser Myocardial Revascularization <input type="checkbox"/> Congenital Heart Disease Interventional Procedure |
| C. COMPLICATIONS (Specify all that apply) | | |
| <input type="checkbox"/> Patient Died in Hospital <input type="checkbox"/> In Lab Death | | Cause of Death: <input type="checkbox"/> Cardiac <input type="checkbox"/> Non-Cardiac |
| <input type="checkbox"/> In Lab Complication? (Occurring in the cath lab and/or recovery area) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> New Q-Wave MI <input type="checkbox"/> Focal Neurological Deficit <input type="checkbox"/> Anaphylactic Reaction to Contrast Agent <input type="checkbox"/> Arrhythmia </div> <div style="width: 45%;"> <input type="checkbox"/> Vascular Complication <input type="checkbox"/> Emergent Coronary Intervention <input type="checkbox"/> Emergent Open Heart Surgery </div> </div> | | |
| Form Prepared By | | Date |

Cardiac Catheterization Data Registry, Version 1.2

Definitions

A. Demographics

1. Hospital Provider Number

Enter your hospital's code, which is based on Medicare provider numbers.

| Hospital Code | Hospital Name |
|---------------|--|
| 1 | Hackensack University Medical Center |
| 2 | Newark Beth Israel Medical Center |
| 5 | Hunterdon Medical Center |
| 8 | Holy Name Hospital |
| 9 | Clara Maass Medical Center |
| 10 | University Medical Center of Princeton |
| 12 | Valley Hospital |
| 14 | Cooper Hospital/University Med. Ctr. |
| 15 | Morristown Memorial Hospital |
| 16 | Christ Hospital |
| 17 | Chilton Memorial Hospital |
| 19 | Saint Joseph's Hospital & Medical Center |
| 20 | PBI Regional Medical Center |
| 21 | Saint Francis Med. Center |
| 22 | Virtua Health-Marlton |
| 24 | Robert Wood Johnson University Hospital at Rahway |
| 25 | Bayonne Medical Center |
| 27 | Trinitas Hospital |
| 29 | Our Lady of Lourdes Medical Center |
| 31 | Deborah Heart and Lung Center |
| 34 | Riverview Medical Center |
| 37 | Pascack Valley Hospital |
| 38 | Robert Wood Johnson University Hospital |
| 39 | Raritan Bay Medical Center |
| 41 | Community Medical Center |
| 44 | Capital Health System at Mercer |
| 45 | Englewood Hospital and Medical Center |
| 48 | Somerset Medical Center |
| 50 | Saint Clare's Hospital |
| 51 | Overlook Hospital |
| 52 | Ocean Medical Center |
| 54 | Mountainside Hospital |
| 63 | Muhlenburg Regional Medical Center |
| 64 | Atlantic City Medical Center |
| 70 | Saint Peter's University Hospital |
| 73 | Jersey Shore Medical Center |
| 74 | Jersey City Medical Center |
| 75 | Monmouth Medical Center |
| 76 | Saint Barnabas Medical Center |
| 81 | Underwood Memorial Hospital |
| 86 | Kennedy Memorial Hospital |
| 96 | Saint Michael's Medical Center |
| 108 | JFK Medical Center |
| 110 | Robert Wood Johnson University Hospital at Hamilton |
| 119 | University of Medicine and Dentistry of NJ/University Hospital |

Cardiac Catheterization Data Registry, Version 1.2

2. **Hospital Name**
Indicate the name of the hospital at which the diagnostic procedure, coronary intervention, or valvular/non-coronary intervention was performed.
3. **Medical Record Number**
The number assigned to the patient's medical record by the hospital.
4. **Patient's Last Name**
Indicate the patient's last name. If the last name exceeds 24 characters enter the first 24 letters only.
5. **Patient's First Name**
Indicate the patient's first name. If the first name exceeds 20 characters enter the first 20 letters only.
6. **Patient's Social Security Number**
Indicate the U.S. social security number or Canadian identification number of the patient. This field is necessary for data matching with the UB-92 hospital discharge data.
7. **Gender**
Indicate patient's gender as either male or female.
8. **Birth Date**
Indicate the month, day and year (in the format MM/DD/YYYY) of the patient's birth.
9. **Admission Date**
Indicate the month, day, and year (in the format MM/DD/YYYY) that the patient was admitted to the hospital for the current stay. For outpatients, enter the date the procedure was performed.
10. **Procedure Date**
Indicate the month, day, and year (in the format MM/DD/YYYY) the patient's procedure began.
11. **Discharge Date**
Indicate the month, day, and year (in the format MM/DD/YYYY) that the patient was discharged from the hospital. The discharge date for outpatients will be the date of the procedure. For those patients who died in the hospital, enter the date of death as the discharge date.
12. **Race/Ethnicity**
Describe the patient's race/ethnicity as declared by the patient. If a mixture of races is given, the FIRST RACE declared by the patient is to be coded. Hispanic includes persons of Mexican, Puerto Rican, Cuban, Central/South American, or other Hispanic ethnicity.
 - 1 White, non-Hispanic
 - 2 Black, non-Hispanic
 - 3 White, Hispanic
 - 4 Black, Hispanic
 - 5 Asian (includes persons of Chinese, Japanese, Hawaiian, Filipino, Asian Indian, Pakistani, Korean, Samoan, Vietnamese, Guamanian, and other Asian and Pacific Islander descent)
 - 6 Other (includes American Indian, Alaska Native, and all other race groups not already reported)
13. **Primary Insurer**
Indicate the primary insurer as follows:
 - 1 Medicare
 - 2 Medicaid
 - 3 Any Other Insurance Plans (includes all commercial plans)
 - 4 Self Pay
 - 5 Uninsured/Indigent/Charity Case

Cardiac Catheterization Data Registry, Version 1.2

B. Procedure

Indicate all diagnostic procedures, coronary interventions, or valvular/other non-coronary interventions that were performed on this patient on the same day in the cath lab. For example: a patient had a diagnostic catheterization and a coronary intervention. These two fields would be filled out in addition to the details of the procedures (coronary angiography, left heart cath, balloon angioplasty and coronary/graft stent). ***Please note that right heart cath alone is not considered a diagnostic procedure in this registry.***

14. Diagnostic Procedure

Indicate whether the patient received any diagnostic procedure(s) on a particular day in the cath lab. The procedure(s) must include coronary/ventricular/other angiography and may also include a right heart cath or left heart cath.

Any angiography of a cardiac structure, such as bypass graft angiography, pulmonary angiogram, or ascending aortic angiography is considered "other angiography" in this registry.

15. Diagnostic Catheterization Primary Operator's Name

Provide the primary operator's last and first name as separate fields of 20 characters each. If either the last or first name exceeds 20 characters, enter the first 20 letters only.

16. Diagnostic Catheterization Primary Operator's Medical License Number

Provide the New Jersey medical license number of the diagnostic catheterization primary operator.

17. Diagnostic Catheterization Secondary Operator's Name

If one was present, provide the secondary operator's last and first name as separate fields of 20 characters each. If either the last or first name exceeds 20 characters, enter the first 20 letters only. **Please note that the cases will not count towards the operator's volume.** Cardiac fellows should not be counted as the secondary operator.

18. Diagnostic Catheterization Secondary Operator's Medical License Number

Provide the New Jersey medical license number of the diagnostic catheterization secondary operator.

19. Coronary Intervention

Indicate whether the patient received any coronary intervention(s) on a particular day in the cath lab. Indicate all procedures the patient received including balloon angioplasty, coronary or graft stent, atherectomy (rotational, DCA, TEC, laser, cutting balloon), brachytherapy, suction thrombectomy, primary intervention for acute MI (**within 2 hour balloon time**), and other non-valvular procedures (such as IVUS or pressure gauge).

An unsuccessful coronary intervention involves the failed attempt to pass a guidewire through any target lesion during a coronary intervention.

20. Coronary Intervention Primary Operator's Name

If the patient received a coronary intervention, provide the primary operator's last and first name as separate fields of 20 characters each. If either the last or first name exceeds 20 characters, enter the first 20 letters only.

21. Coronary Intervention Primary Operator's Medical License Number

Provide the New Jersey medical license number of the coronary intervention primary operator.

22. Coronary Intervention Secondary Operator's Name

If the patient received a coronary intervention and a secondary operator was present, provide the secondary operator's last and first name as separate fields of 20 characters each. If either the last or first name exceeds 20 characters, enter the first 20 letters only. **Please note that the cases will not count towards the operator's volume.** Cardiac fellows should not be counted as the secondary operator.

23. Coronary Intervention Secondary Operator's Medical License Number

Provide the New Jersey medical license number of the coronary intervention secondary operator.

24. Valvular and Other Non-Coronary Intervention

Cardiac Catheterization Data Registry, Version 1.2

Indicate whether the patient received a balloon valvuloplasty on a particular day in the cath lab. Indicate all procedures the patient received including aortic valvuloplasty, mitral valvuloplasty, pulmonic valvuloplasty, tricuspid valvuloplasty, other valvular interventions, percutaneous laser myocardial revascularization, or congenital heart disease interventional procedures.

25. Valvular and Other Non-Coronary Intervention Primary Operator's Name

If the patient received a valvular intervention, provide the primary operator's last and first name as separate fields of 20 characters each. If either the last or first name exceeds 20 characters, enter the first 20 letters only.

26. Valvular and Other Non-Coronary Intervention Primary Operator's Medical License Number

Provide the New Jersey medical license number of the valvular intervention primary operator.

27. Valvular and Other Non-Coronary Intervention Secondary Operator's Name

If the patient received a valvular intervention and a secondary operator was present, provide the secondary operator's last and first name as separate fields of 20 characters each. If either the last or first name exceeds 20 characters, enter the first 20 letters only. **Please note that the cases will not count towards the operator's volume.** Cardiac fellows should not be counted as the secondary operator.

28. Valvular and Other Non-Coronary Intervention Secondary Operator's Medical License Number

Provide the New Jersey medical license number of the valvular intervention secondary operator.

C. Complications

29. Patient Died In Hospital

Indicate whether a death occurred during this hospitalization in which a diagnostic procedure, coronary intervention, or valvular/non-coronary intervention was performed.

30. In Lab Death

Indicate if the patient died while in the cardiac catheterization lab, including the recovery area.

31. Cause of Death

Indicate the primary cause of death as either cardiac or non-cardiac.

32. In Lab Complication

Indicate whether the patient experienced any of the below listed complications from the time they entered the lab to the time they left the cardiac catheterization lab (including the recovery area).

33. New Q-Wave MI

Indicate whether the patient developed an acute myocardial infarction (MI) as a consequence of the procedure(s) performed in this trip to the cardiac cath lab, including the recovery area. A new Q-Wave MI is documented by new ST-segment elevations, development of new Q-waves in two or more contiguous EKG leads, or new LBBB pattern on the EKG in the setting of symptoms consistent with acute MI.

34. Focal Neurological Deficit

Indicate if the patient experienced a transient or sustained focal neurological deficit (sensory, motor or speech) in the cardiac cath lab, including the recovery area.

35. Anaphylactic Reaction to Contrast Agent

Indicate if the patient experienced an anaphylactic reaction to contrast agent during this trip to the cath lab, including the recovery area. Reactions may include:

- 1 Bronchospasm requiring intravenous or inhaled medication
- 2 Vascular collapse

36. Arrhythmia

Indicate the acute onset of arrhythmia occurring during this cath lab visit, including the recovery area. Arrhythmia may include

- 1 Atrial Fibrillation/Flutter requiring intravenous medication or electrical cardioversion
- 2 Atrioventricular Block/Bradycardia requiring placement of a temporary pacemaker

Cardiac Catheterization Data Registry, Version 1.2

- 3 Ventricular Tachycardia/Fibrillation requiring electrical cardioversion or intravenous antiarrhythmic medication

37. Vascular Complication

Indicate whether the patient experienced a vascular complication where the patient was taken directly from the cath lab to the operating room. This does not include patients who go for an operative procedure several days after their cath lab visit. Types of cases include retroperitoneal bleed, femoral artery dissection and acute limb ischemia.

38. Emergent Coronary Intervention

Indicate if the patient required coronary intervention as treatment for a complication of a diagnostic procedure. If the emergent coronary intervention occurred during this trip to the cath lab, fill out the applicable procedure information in addition to the complication field for emergent coronary intervention.

39. Emergent Open Heart Surgery

Indicate if the patient, who underwent a diagnostic procedure, coronary intervention, or valvular/non-coronary intervention, was taken directly from the cath lab to the operating room for emergency open-heart surgery. Surgery may have been performed due to indications such as ongoing ischemia, rest angina despite maximal treatment, pulmonary edema requiring intubation, or shock as a consequence of complications arising as a result of the cath lab procedure(s) being performed.

Cardiac Catheterization Data Registry, Version 1.2

| File Layout | | | | | |
|-------------------|---|------------|-----------|--|------------|
| FIELD DESCRIPTION | | FIELD NAME | DATA TYPE | VALID VALUES VALIDATION RULES | FIELD SIZE |
| 1 | Hospital Provider Number | HOSPNUM | Integer | Hospital Specific Code in Data Specs | 3 |
| 2 | Hospital Name | HOSPNAME | Text | Hospital name | 30 |
| 3 | Medical Record Number | MEDRECNO | Text | Medical Record Number | 12 |
| 4 | Patient's Last Name | LNAME | Text | Last Name | 24 |
| 5 | Patient's First Name | FNAME | Text | First Name | 20 |
| 6 | Patient's Social Security Number | SSNUM | Text | SSN in xxx-xx-xxxx format | 11 |
| 7 | Gender | SEX | Integer | (1) Male, (2) Female (3) Not reported | 2 |
| 8 | Birth Date | DOB | Date | Date of Birth MM/DD/YYYY | 10 |
| 9 | Admission Date | ADMDATE | Date | Date of Admission MM/DD/YYYY | 10 |
| 10 | Procedure Date | PROCDATE | Date | Date of Procedure MM/DD/YYYY | 10 |
| 11 | Discharge Date | DATEDC | Date | Date of Discharge MM/DD/YYYY | 10 |
| 12 | Race/Ethnicity*** | RACE | Integer | (1)White, non-Hisp., (2) Black, non-Hisp., (3)White, Hispanic, (4)Black, Hispanic, (5)Asian, (6)Other | 2 |
| 13 | Primary Insurer*** | INSURER | Integer | (1)Medicare, (2) Medicaid, (3)Any Other Insurance Plans, (4)Self Pay, (5)Uninsured/Indigent/Charity Care | 2 |
| 14 | Diagnostic Procedure | DIAGPRO | Integer | (1) Yes, (2) No (default) | 2 |
| 15 | Right Heart Diagnostic Procedure | RHC | Integer | (1) Yes, (2) No (default) | 2 |
| 16 | Left Heart Diagnostic Procedure | LHC | Integer | (1) Yes, (2) No (default) | 2 |
| 17 | Coronary Angiography | CORANG | Integer | (1) Yes, (2) No (default) | 2 |
| 18 | Ventricular Angiography | VENTANG | Integer | (1) Yes, (2) No (default) | 2 |
| 19 | Other Angiography | OTHANG | Integer | (1) Yes, (2) No (default) | 2 |
| 20 | Diagnostic Catheterization Primary Operator's First Name | DIAGOPFN | Text | First 20 characters of diagnostic catheterization primary operator's first name | 20 |
| 21 | Diagnostic Catheterization Primary Operator's Last Name | DIAGOPLN | Text | First 20 characters of diagnostic catheterization primary operator's last name | 20 |
| 22 | Diagnostic Catheterization Primary Operator's Medical License Number | DIAGOPLIC | Text | New Jersey medical license number of diagnostic cath primary operator | 8 |
| 23 | Diagnostic Catheterization Secondary Operator's First Name*** | DIAGOSFN | Text | First 20 characters of diagnostic catheterization secondary operator's first name | 20 |
| 24 | Diagnostic Catheterization Secondary Operator's Last Name*** | DIAGOSLN | Text | First 20 characters of diagnostic catheterization secondary operator's last name | 20 |
| 25 | Diagnostic Catheterization Secondary Operator's Medical License Number*** | DIAGOSLIC | Text | New Jersey medical license number of diagnostic cath secondary operator | 8 |
| 26 | Coronary Intervention | CORINT | Integer | (1) Yes, (2) No (default) | 2 |
| 27 | Balloon Angioplasty | BALLANG | Integer | (1) Yes, (2) No (default) | 2 |
| 28 | Coronary or Graft Stent | STENT | Integer | (1) Yes, (2) No (default) | 2 |
| 29 | Atherectomy | ATHER | Integer | (1) Yes, (2) No (default) | 2 |
| 30 | Brachytherapy | BRACHY | Integer | (1) Yes, (2) No (default) | 2 |
| 31 | Suction Thrombectomy | SUCTION | Integer | (1) Yes, (2) No (default) | 2 |
| 32 | Other Non Valvular Procedure | OTHNONVAL | Integer | (1) Yes, (2) No (default) | 2 |

Cardiac Catheterization Data Registry, Version 1.2

| File Layout | | | | | |
|-------------|---|------------|-----------|---|------------|
| | FIELD DESCRIPTION | FIELD NAME | DATA TYPE | VALID VALUES VALIDATION RULES | FIELD SIZE |
| 33 | Unsuccessful Coronary Intervention | UNSUCINT | Integer | (1) Yes, (2) No (default) | 2 |
| 34 | Primary Intervention for acute MI*** | PIMI | Integer | (1) Yes, (2) No (default) | 2 |
| 35 | Coronary Intervention Primary Operator's First Name | COROPFN | Text | First 20 characters of coronary intervention primary operator's name | 20 |
| 36 | Coronary Intervention Primary Operator's Last Name | COROPLN | Text | First 20 characters of coronary intervention primary operator's name | 20 |
| 37 | Coronary Intervention Primary Operator's Medical License Number | COROPLIC | Text | New Jersey medical license number of coronary intervention primary operator | 8 |
| 38 | Coronary Intervention Secondary Operator's First Name*** | COROSFN | Text | First 20 characters of coronary intervention secondary operator's name | 20 |
| 39 | Coronary Intervention Secondary Operator's Last Name*** | COROSLN | Text | First 20 characters of coronary intervention secondary operator's name | 20 |
| 40 | Coronary Intervention Secondary Operator's Medical License Number*** | COROSLIC | Text | New Jersey medical license number of coronary intervention secondary operator | 8 |
| 41 | Valvular and Other Non-Coronary Intervention | VALVINT | Integer | (1) Yes, (2) No (default) | 2 |
| 42 | Aortic Valvuloplasty | AORVALV | Integer | (1) Yes, (2) No (default) | 2 |
| 43 | Mitral Valvuloplasty | MITVALV | Integer | (1) Yes, (2) No (default) | 2 |
| 44 | Pulmonic Valvuloplasty | PULVALV | Integer | (1) Yes, (2) No (default) | 2 |
| 45 | Tricuspid Valvuloplasty | TRIVALV | Integer | (1) Yes, (2) No (default) | 2 |
| 46 | Other Valvular Intervention | OTHVALV | Integer | (1) Yes, (2) No (default) | 2 |
| 47 | Percutaneous Laser Myocardial Revascularization*** | LASER | Integer | (1) Yes, (2) No (default) | 2 |
| 48 | Congenital Heart Disease Interventional Procedure*** | CONGEN | Integer | (1) Yes, (2) No (default) | 2 |
| 49 | Valvular and Other Non-Coronary Intervention Primary Operator's First Name | VALVOPFN | Text | First 20 characters of valvular intervention primary operator's name | 20 |
| 50 | Valvular and Other Non-Coronary Intervention Primary Operator's Last Name | VALVOPLN | Text | First 20 characters of valvular intervention primary operator's name | 20 |
| 51 | Valvular and Other Non-Coronary Intervention Primary Operator's Medical License Number | VALVOPLIC | Text | New Jersey medical license number of valvular intervention primary operator | 8 |
| 52 | Valvular and Other Non-Coronary Intervention Secondary Operator's First Name*** | VALVOSFN | Text | First 20 characters of valvular intervention secondary operator's name | 20 |
| 53 | Valvular and Other Non-Coronary Intervention Secondary Operator's Last Name*** | VALVOSLN | Text | First 20 characters of valvular intervention secondary operator's name | 20 |
| 54 | Valvular and Other Non-Coronary Intervention Secondary Operator's Medical License Number*** | VALVOSLIC | Text | New Jersey medical license number of valvular intervention secondary operator | 8 |
| 55 | Patient Died In Hospital | DEATH | Integer | (1) Yes, (2) No (default) | 2 |
| 56 | In Lab Death | LABDEATH | Integer | (1) Yes, (2) No (default) | 2 |
| 57 | Cause of Death | CAUSE | Integer | (1) Cardiac, (2) Non Cardiac | 2 |
| 58 | In Lab Complication | COMPLIC | Integer | (1) Yes, (2) No (default) | 2 |
| 59 | New Q-Wave MI | QWMI | Integer | (1) Yes, (2) No (default) | 2 |
| 60 | Focal Neurological Deficit | NEURO | Integer | (1) Yes, (2) No (default) | 2 |
| 61 | Anaphylactic Reaction to Contrast Agent | CONTRAST | Integer | (1) Yes, (2) No (default) | 2 |
| 62 | Arrhythmia | ARRHYT | Integer | (1) Yes, (2) No (default) | 2 |
| 63 | Vascular Complication | VASCCOMP | Integer | (1) Yes, (2) No (default) | 2 |
| 64 | Emergent Coronary Intervention | EMGCORI | Integer | (1) Yes, (2) No (default) | 2 |
| 65 | Emergent Open Heart Surgery | EMGOHS | Integer | (1) Yes, (2) No (default) | 2 |

***New or changed field from Version 1.1